

**Concurrent Session B-2:  
Workplace Implementation of Effective Tobacco Control Strategies**

**Speakers/Topics and Discussion Bullets:**

**Elizabeth Barbeau, ScD, MPH, Assistant Professor of Health and Social Behavior,  
Harvard School of Public Health, Boston, MA** -- *Worksite Tobacco Control Policy*

- Scope of worksite tobacco control policies
  - Smoking cessation assistance on-site
  - Insurance coverage for smoking cessation treatments
  - Controlling exposures to secondhand smoke
- Smoking cessation services that work
  - Combination of drug and behavioral counseling
  - Fully paid insurance benefit
  - Integration of occupation safety and health (OSH) and workplace health promotion (WHP) among manufacturing workers
- Issues to resolve in worksite tobacco control
  - Different goals for health promotion and occupational safety and health professionals
  - Unilateral actions by management (possible resistance)
  - Policies to encourage quit attempts
- Research needs
  - Testing integrated OSH-WHP interventions in settings other than manufacturing with union support
  - Health effects of exposures to secondhand smoke and other job-related carcinogens
  - Policy interventions to reduce disparities in secondhand smoke protection (e.g., food service)
- Opportunities
  - Integrated OSH-WHP approach to protect workers' health
  - Increased role of employee assistance plans and occupational clinicians
  - Organized labor as a partner (advocacy and implementation)

**Edward Lee Petsonk, M.D, Senior Medical Officer and Team Leader, National  
Institute for Occupational Safety and Health, Morgantown, WV** -- *Workplace Tobacco Policies: Issues and Concerns from an Occupational Health Perspective*

- Tobacco Policies and Occupational Health
  - Environmental tobacco smoke exposures
  - Additive and synergistic effects of workplace occupational exposures
  - Tobacco, safety and injuries
  - Medical monitoring and tobacco use
  - Health care costs

- Smoking rates vary by working population
  - Gap in smoking prevalence between salary and hourly workers
  - Blue collar and service workers start earlier, smoke more and are less likely to quit
  - Role of occupational stressors

**Debra Chaplan, M.S., Project Director, BUILT, Director of Special Programs, State Building and Construction Trades, Council of California, Oakland, CA--Union**  
*Perspectives on Workplace Tobacco Control Programs and Policies*

- BUILT (Building Trades Unions Ignite Less Tobacco) Program
  - Union out reach
  - Apprenticeship curriculum – customized to different crafts
  - Health and welfare trust funds – promote tobacco cessation and nicotine replacement benefit
  - Tobacco-free construction sites
  - Union buy-in to policy formation

**Larry Catlett, M.D., Medical Director, Cianbro Corporation, Pittsfield, ME--**  
*Practical Experience in Integrating Tobacco Policies with a Comprehensive Occupational Health and Wellness Program*

- Cianbro Corporation Experience
  - Company supplied nicotine replacement therapy (NRT) and behavioral intervention smoking cessation outcomes
  - No time limit on program
  - Tobacco free company – entire campus
  - Integration of health promotion (NRT and delivery of regular “wellness bullets”) with safety
  - Smoking violations treated the same as safety violations
  - Improved injury and illness incidence

**Brick Lancaster, MPH, Chief, Program Services Branch, Office on Smoking and Health, Centers for Disease Control and Prevention, Atlanta, GA--National network**  
*of Quitline Services for Tobacco Control; Workplace Relevance*

- Funding for tobacco control and cessation programs
- National quit line initiative
  - National network of tobacco quit lines
  - Access number for hotline to state-based tobacco quit lines
  - CDC funding (supplemental) for development and/or enhancement of quit lines
  - Increase quit attempt opportunities

- Co-morbidity considerations (e.g., tobacco and alcohol; tobacco and depression (mental health))
- Occupational safety and health (OSH) and health promotion integration – OSH programs are encouraged to refer workers to quit lines

**Abby Rosenthal, MPH, Cessation Strategic Coordinator, Office on Smoking and Health, Centers for Disease Control and Prevention, Atlanta, GA**--*Coverage for Tobacco-Use Cession Treatments*

- Coverage for tobacco use cessation treatment
  - Think of tobacco use as a chronic disease and pay for treatment
  - Co-morbidity with health disease
  - Benefit design
    - Pay for counseling and medication
    - Cover for at least two cession attempts per year
    - Eliminate or minimize co-pay or deductibles
  - Cost of cession benefits
    - More cost effective than commonly covered disease prevention interventions
    - Benefit costs between 10-40 cents per member per month comprehensive coverage